## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	90.00 DA FILING DATE	FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION N			
10/065,723 11/13/2002				Kevin A. Batson			FIS920010179 6157				
TITLE OF INVENTION		VIIH DA	TA LINE STEE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700		10/13/2006	
EXAMINER ART UNIT				CLASS-SUBCLASS							
BAKER, STEPHEN M 2133				714-711000							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Schmeiser, Olsen  2 Watts; Anthony  3 Canale							
3. ASSIGNEE NAME A	AND RESIDENCE DAT.	A TO BE	PRINTED ON	THE PATENT (print or	r typ	oe)		= =			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Inte	rnational Bu	ısine	ss Mach	ines Corpo	ra	tion, Arr	nonk	, NY			
Please check the appropr	riate assignee category or	categorie	es (will not be pr	rinted on the patent):		Individual 🛛 Co	orporati	on or other private gro	up entit	y Government	
4a. The following fcc(s)  X Issue Fce X Publication Fee (N  ☐ Advance Order -	<ul> <li>(b). Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0456 (enclose an extra copy of this form).</li> </ul>										
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